

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LTP	857	7/17/01
RESPONSE FORMALITY REVIEW	TLC	712	10-19-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	9/6/02
Original	1/23/03
1	5/9/03
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7	✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

617  
10-19-01

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